



FORM 941LM-ME

2008

MAINE REVENUE SERVICES  
List of Participating Members  
in the Compliant Taxpayer Exemption Request  
This form must be included with Form 941E-ME



\*0806244\*

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Entity Name: \_\_\_\_\_ Federal Identification No.: \_\_\_\_\_

Partner/Shareholder Name (Last, First, MI.)	Social Security Number (EIN if other than an individual)	Check Here if EIN
a. _____	____ - ____ - _____	<input type="checkbox"/>
b. _____	____ - ____ - _____	<input type="checkbox"/>
c. _____	____ - ____ - _____	<input type="checkbox"/>
d. _____	____ - ____ - _____	<input type="checkbox"/>
e. _____	____ - ____ - _____	<input type="checkbox"/>
f. _____	____ - ____ - _____	<input type="checkbox"/>
g. _____	____ - ____ - _____	<input type="checkbox"/>
h. _____	____ - ____ - _____	<input type="checkbox"/>
i. _____	____ - ____ - _____	<input type="checkbox"/>
j. _____	____ - ____ - _____	<input type="checkbox"/>
k. _____	____ - ____ - _____	<input type="checkbox"/>
l. _____	____ - ____ - _____	<input type="checkbox"/>
m. _____	____ - ____ - _____	<input type="checkbox"/>
n. _____	____ - ____ - _____	<input type="checkbox"/>
o. _____	____ - ____ - _____	<input type="checkbox"/>
p. _____	____ - ____ - _____	<input type="checkbox"/>
q. _____	____ - ____ - _____	<input type="checkbox"/>
r. _____	____ - ____ - _____	<input type="checkbox"/>
s. _____	____ - ____ - _____	<input type="checkbox"/>
t. _____	____ - ____ - _____	<input type="checkbox"/>
u. _____	____ - ____ - _____	<input type="checkbox"/>
v. _____	____ - ____ - _____	<input type="checkbox"/>
w. _____	____ - ____ - _____	<input type="checkbox"/>
x. _____	____ - ____ - _____	<input type="checkbox"/>
y. _____	____ - ____ - _____	<input type="checkbox"/>